

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b).)

Attorney Docket No. SD8317.2

First Inventor or Application Identifier KLINER

Title PREFORM FOR PRODUCING AN OPTICAL FIBER AND
METHOD THEREFOR

Express Mail Label No. EL177881975US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ *Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and duplicate for fee processing)2. ☒ Specification [Total Pages **38**]
(preferred arrangement set forth below)
- Descriptive title of the Invention
- Cross References to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference to Microfiche Appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure3. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets **13**]4. ☒ Oath or Declaration [Total Pages **2**]a. ☐ Newly executed (original or copy)b. ☒ Copy from a prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 16 completed)i. ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting
inventor(s) named in the prior application,
see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).***NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY
FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF
ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).**ADDRESS TO: Box Patent Application
Assistant Commissioner for Patents
Washington, DC 20231

- 5.
- ☐
- Microfiche Computer Program (Appendix)
-
- 6.
- ☐
- Nucleotide and/or Amino Acid Sequence Submission
-
- (if applicable, all necessary)
-
- a.
- ☐
- Computer Readable Copy
-
- b.
- ☐
- Paper Copy (identical to computer copy)
-
- c.
- ☐
- Statement verifying identity of above copies

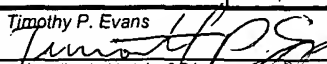
ACCOMPANYING APPLICATION PARTS

- 7.
- ☐
- Assignment Papers (cover sheet & document(s))
-
- 8.
- ☐
- 37 C.F.R. § 3.73(b) Statement
-
- (when there is an assignee)
-
- 9.
- ☐
- English Translation Document (if applicable)
- ☒
- Power of Attorney
-
- 10.
- ☐
- Information Disclosure Statement (IDS)/PTO-1449
-
- 11.
- ☐
- Preliminary Amendment
- ☐
- Copies of IDS Citations
-
- 12.
- ☒
- Return Receipt Postcard (MPEP 503)
-
- (Should be specifically itemized)
-
- 13.
- ☐
- *Small Entity Statement(s)
- ☐
- Statement filed in prior application,
-
- (PTO/SB/09/12) Status still proper and desired
-
- 14.
- ☐
- Certified Copy of Priority Document(s)
-
- (if foreign priority is claimed)
-
- 15.
- ☐
- Other: _____

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☒ Divisional ☐ Continuation-in-part (CIP)of prior application No.: **09 / 778,329**Prior application information: Examiner **HOFFMANN, JM**Group / Art Unit: **1731****For CONTINUATION or DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.**17. CORESPONDENCE ADDRESS**☒ Customer Number or Bar Code Label**0215868**or ☐ Correspondence address below

(Insert Customer No. or Attach bar code label here)

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Name (Print/Type)	Timothy P. Evans		Registration No. (Attorney/Agent)		
Signature			41,013		Date 6/25/03

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21909 U.S. PTO

10/603533



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FEE TRANSMITTAL FOR FY 2003		Complete if Known	
<i>Patent fees are subject to annual revision. Small Entity payments must be supported by a small entity statement, Otherwise large entity fees must be paid. See Forms PTO/SB/09-12.</i>		Application Number	NOT ASSIGNED
		Filing Date	06/25/03
		First Named Inventor	KLINER
		Examiner Name	NOT ASSIGNED
		Group / Art Unit	NOT ASSIGNED
TOTAL AMOUNT OF PAYMENT (\$) 750.00		Attorney Docket No.	SD-8317.2

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)																																																																																																																																																																																				
<p>The Commissioner is hereby authorized to charge</p> <p>1. <input checked="" type="checkbox"/> Indicated fees and credit any over payments to:</p> <p>Deposit Account Number 50-0583</p> <p>Deposit Account Name SNL by KCO</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p>2. Payment Enclosed:</p> <p><input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>	<p>3. ADDITIONAL FEES</p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for reexamination</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1805</td><td>1,840</td><td>1805</td><td>1,840</td><td>Requesting publication of SIR after Examiner</td><td></td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>1252</td><td>400</td><td>2252</td><td>200</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1253</td><td>920</td><td>2253</td><td>460</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1254</td><td>1,440</td><td>2254</td><td>720</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1255</td><td>1,960</td><td>2255</td><td>980</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1401</td><td>320</td><td>2401</td><td>160</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402</td><td>320</td><td>2402</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1403</td><td>280</td><td>2403</td><td>140</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - 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2. EXTRA CLAIM FEES																																					
<p>Extra Claims Req. Fee Fee Paid</p> <p>Total Claims 9 - 20**= 0 X 18. = 0</p> <p>Independent Claims 1 - 3**= 0 X 84. = 0</p> <p>Multiple Dependent 0 = 0.</p> <p><i>**or number previously paid, if greater; For Reissues, see below.</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr><td>1201</td><td>84</td><td>2202</td><td>42</td><td>Independent claims in excess of 3</td></tr> <tr><td>1202</td><td>18</td><td>2201</td><td>9</td><td>Claims in excess of 20</td></tr> <tr><td>1203</td><td>280</td><td>204</td><td>140</td><td>Multiple dependent claim, if not paid</td></tr> <tr><td>1204</td><td>84</td><td>2204</td><td>42</td><td>**Reissue independent claims over original patent</td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>**Reissue claims in excess of 20 and over original patent</td></tr> <tr> <td colspan="5" style="text-align: right;">SUBTOTAL (2)</td> <td>(\$)0.00</td> </tr> </tbody> </table>	Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	1201	84	2202	42	Independent claims in excess of 3	1202	18	2201	9	Claims in excess of 20	1203	280	204	140	Multiple dependent claim, if not paid	1204	84	2204	42	**Reissue independent claims over original patent	1205	18	2205	9	**Reissue claims in excess of 20 and over original patent	SUBTOTAL (2)					(\$) 0.00	
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SUBMITTED BY		Complete (if applicable)	
Name (Printed/Typed)	Timothy P. Evans	Reg. Number (Attorney/Agent)	41,013
Signature		Date	6/25/03
		Telephone	(925) 294-3690

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